# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 78780 Office Location: 4822 Madison Yards Way Madison, WI 53705

Milwaukee, WI 53293-0780

E-Mail: <u>DSPSCredTrades@wi.gov</u> FAX #: (608) 267-0592 Phone #: (608) 266-2112 Website: <a href="http://dsps.wi.gov">http://dsps.wi.gov</a>

#### DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

## INSTRUCTIONS FOR UTILITY CONTRACTOR APPLICATION

### **Requirements for Credential**

Per Wis. Stats. § 145.06, no person may engage in or work at plumbing in the state unless licensed to do so by the Department.

Per Wis. Stats. § 145.07(10), the Department shall issue a Utility Contractor license to any person who is skilled in the planning, superintending and practical installation, within public or private premises, of piping which conveys sewage, rain water or other liquid wastes to a legal point of disposal and who is skilled in the design, planning, superintending and practical installation of water service piping from the street main to the immediate inside building perimeter.

Per Wis. Admin. Code § SPS 305.97, a person who, as a licensed Utility Contractor, installs or modifies water services, private water mains, sanitary building sewers, storm building sewers, or private interceptor main sewers shall utilize the appropriately licensed or registered persons to install or modify the plumbing.

## AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

- Application and Fee: The fee consists of a \$10 application fee and a \$30 exam fee. When the exam is passed the applicant will pay a \$500 prorated credential fee, based on a 4 year term from March 31st.
- Qualification for Examination: A person applying for a Utility Contractor license examination shall be at least 18 years old.
- Examination: Select an exam date on Page 2. For additional information on exam content, please view the Department website at http://dsps.wi.gov under "Licenses, Permits, and Registrations" and select "Trades Professions."

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## DIVISION OF PROFESSIONAL CREDENTIALING PROCESSING

## APPLICATION FOR UTILITY CONTRACTOR LICENSE

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stats. § 440.12 and 440.13).					
PLEASE TYPE OR PRINT IN INK  Your name, address, telephone and electronic address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).					
Last Name First Name		MI	Date of Birth		
Address (street, city, state, zip)	•		Daytime Telephone Number		
Social Security # Your Social Sec	curity Number m	nust be submi	tted with your application on this form. If you do not have a		
Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.					
Have you ever held a Trades credential in WI? Yes No If	yes, list your o	credential nu	umber:		
Email Address					
APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.			OT COMPLETE UNTIL ALL OF THE IMENTS HAVE BEEN RECEIVED:		
☐ I am seeking a Veteran Fee Waiver (for Initial Credential Fee	☐ Fee and	Application	<b>n</b> (including signature on Page 2)		
only, see below for further information)					
☐ Initial Credential Fee	☐ Is name	on all crede	ntials the same? If not, list former/maiden		
\$10.00 Application Fee	name(s):				
\$30.00 Exam Fee \$40.00 Total Fee Attached					
\$40.00 Total Fee Attached					
Reinstatement Fee (credential expired more than 4 years)					
\$10.00 Application Fee \$30.00 Exam Fee					
\$25.00 Late Renewal Fee					
\$65.00 Total Fee Attached					
<b>ARE YOU A VETERAN?</b> If yes, please view the Department website a "Military Benefits Related to Licensure for Eligible Veterans Services Me	t http://dsps.wi	<u>i.gov</u> under ouses" for el	"Licenses, Permits, and Registrations" and select ligibility requirements.		
If you qualify, are you requesting a waiver of your initial credentialin	g fee?  Yes	s 🗌 No			
If Yes, provide a copy of your Department of Veterans Affairs voucher co	de and list you	ır DVA Vou	ucher Code Number:		
You may contact the DVA at 1-800-WisVets or <a href="www.WISVETS.com">www.WISVETS.com</a> for assistance in obtaining your DVA Voucher Code and/or documents related to your training.					

#3137 (Rev. 11/18) Class Code 7630

## **Wisconsin Department of Safety and Professional Services**

#### TO SCHEDULE AN UPCOMING EXAM:

- Indicate a first date choice (1) and a second date choice (2) in the event one exam site is full.
- Submit the fee and this application to the Department at least 30 days in advance of the exam date chosen.
- Keep a copy of this application for your records. You may only schedule one future exam session at a time for each credential type.
- You will receive a letter from DSPS confirming your upcoming exam, including the time, date and location of the exam.
- If you need special accommodations, please contact us at DSPSCredTrades@wi.gov

PEWAUKEE WCTC Education Center 800 Main St., Pewaukee, WI 53072	November 28, 2018	January 23, 2019	March 19, 2019	May 22, 2019
	July 24, 2019	September 11, 2019	November 13, 2019	
EAU CLAIRE SleepInn Conference Center	December 4, 2018	February 18, 2019	April 24, 2019	June 05, 2019
5872 33 <sup>rd</sup> Ave., Eau Claire, WI 54703	August 28, 2019	October 23, 2019	December 04, 2019	
APPLETON Fox Valley Technical College 1825 N. Bluemound Dr., Appleton, WI 54914	November 07, 2018	January 10, 2019	March 27, 2019	May 29, 2019
	July 10, 2019	September 25, 2019	November 26, 2019	
MADISON Madison Crowne Plaza 4402 E. Washington Ave., Madison, WI 53704	December 12, 2018	February 06, 2019	April 10, 2019	June 26, 2019
	August 13, 2019	October 09, 2019	December 18, 2019	

CERTIFICATION	OF LEGAL	STATU	JS:

I declare under penalty of la	iw that I am (check one):
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es, or
CO

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in
the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions
concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-
5283 or online at <a href="http://www.uscis.gov">http://www.uscis.gov</a> .

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

#### CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above s	tatements (Certif	fication of L	egal Status,	Continuing	Duty of Disclos	ure, and Affidavit of
Applicant) and understand the obligation I have as an applican	nt or credential-h	older should	linformatio	n I've provi	ided to the Depar	tment of Safety and
Professional Services change.3						
				1 1		
Signature:	Date:					

#3137	7 (Rev	. 11/	18)
Class	Code	7630	)